DOCUMENT RESUME

ED 163 581 EA 011 055

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TITLE University-Community Based Group Home for Youth. A Proposal. Working Draft.
PUB DATE 25 May 76
NOTE 67p.; Prepared for the Dean of Education

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS *Delinquents; *Disadvantaged Youth; Family Environment; Group Dynamics; *Group Experience; Guidance Objectives; Higher Education; Individualized Programs; Interdisciplinary Approach; *Neglected Children; Program Proposals; Rehabilitation; *Rehabilitation Centers; School Community Relationship; Secondary Education; *Therapeutic Environment; Youth Problems
IDENTIFIERS Maryland; *Morgan State University MD

ABSTRACT

The state of Maryland, and more specifically the Maryland State Department of Juvenile Services Administration, is confronted with the problem of finding homes for juveniles. The problem is basically centered around the issues of funding and geography in that the majority of citizens do not want institutions in their neighborhood. In an attempt to solve both of these problems, officials at Morgan State University and the Department of Juvenile Services (DJSA) explored the idea of a university-based group home. This proposal was written to serve as a guide for further planning and implementation of the proposed group home with joint funding from DJSA, and the Law Enforcement Assistance Administration, (LEAA). The proposal discusses the causes of juvenile delinquency and the need for delinquent and/or neglected youth to be removed from their home environment. The concept and principles for developing and operating a group home for youth are advanced. Details of the proposed staffing, responsibilities, group living activities, and program management are explained. (Author/HLF)

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WORKING DRAFT

University-Community Based Group Home for Youth

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A

Proposal

Prepared for

The Dean of Education

by

James H. Tolliver, Program Development Specialist

10th Cycle Teacher Corps Project

Morgan State University

May 25, 1976

EA 011 055

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Introduction

The National Council on Crime and Delinquency (NCCD) conducted a study of 10 pre-selected Maryland group homes and 18 other group homes responded to a National Council on Crime and Delinquency (NCCD) survey. Results of findings were published in November, 1974 in a volume entitled The Maryland Group Home Program: Innovative Substitute for Incarceration of Children.

The study was done under contract for the Maryland Department of Juvenile Services and was funded by the Maryland Governor's Commission on Law Enforcement and the Administration of Justice.

This group home proposal covers general operating concepts that are within the recommended standards of the NCCD as published in 1974, and must be approved by governing bodies of the Maryland Department of Juvenile Services and Morgan State University.

I. Summary of Findings

In many homes the preparation of children for acceptable societal roles is a problem. Often this is due to the lack of significant adult guidance. Guidance is distinctively different from education while still a part of education. Guidance has to do with the nurture of acceptable habits and attitudes and might be termed as socialization. The aim of guidance is to prevent mental crippling of children and making them a burden to themselves and others. When there has already been mental crippling, the aim of guidance is to restore health.

Conflict is inevitable between children and their environment and the lack of significant guidance leaves the personality to chaotic environmental struggles. Many homes are not places of conflict resolution that insures social acceptance. *The aim of group homes is to provide significant guidance to children, in a caring milieu, who are potential candidates for mental crippling and a therapeutic milieu before permanent crippling occurs.

There are three major classifications of children whom group homes usually provides service: The Delinquent Children In Need of Supervision, and Dependent/Neglected Children. The terms: Delinquent refers to adjudicated juveniles, Children In Need of Supervision are "ungovernable or unmanagable" children, and Dependent/Neglected Children is self explanatory. The Maryland Department of Juvenile Services has estimated that in 1975 there

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*Flanagan and McCoy, Understanding Your Boy: New York, Rinehart and Co., 1950, pp 3-16.

would be a need for a 33% increase over Maryland's 1974 capacity of group homes. This projected increase represented a need for 800 group home placements.

Given the expensiveness, the recidivism rate, overcrowding, human damage, and human isolation in institutions, the world-wide trend is toward community supervision in lieu of incarceration.

As compared to other youth placed in state training schools and youths placed on probation, the Lawrence, Kansas community based family-style treatment program reported that their youth had fewer police and court contracts, lower recidivism, greater school attendance, and better grades in school after treatment. Similar results have been achieved around the country. The choice is clear; incarceration only removes the offender from society, and there is no evidence that anything is done to enrich the offender, and there is no evidence that incarceration improved social competencies.

II. Support for Group Homes

Maryland Governor's Commission on Law and Justice funding of group homes has increased from $5,920 in 1962 to 1.25 million dollars in 1973. Under the 1974 comprehensive five-year plan, Maryland plans to treat 75% of the adjudicated juveniles and has requested for 1976; additional funds for the development of four additional group homes, for 1977-78 the Commission has requested continued support including the development of five additional homes in 1977.

The Department of Juvenile Services (DJS) purchases care for youth on legal authority granted by Article 52A, Section 7, Annotated Code of Maryland, which states: "The Department may designate existing public or private agencies or organizations within the State as its agents, in its discretion, seems desirable or necessary for the purposes of this article. The Department may expend funds for aiding such agencies or organizations, or by purchasing services from agencies or organizations outside the State when adequate services are not available within the State."

The Department of Juvenile Services (DJS) has a policy that, "No child should be removed from his home unless (a) his behavior presents a threat to himself or to the community, or (b) his environment is not conducive to his making a satisfactory adjustment in the community." DJS purchases several types of services from both public and private agencies such as: basic residential care, basic residential care plus social and/or clinical services or basic residential care, clinical services plus specialized educational programs.

The Maryland DJS currently operates three group homes in Baltimore and purchases services from forty privately-operated group homes. Some of these homes serve only DJS referrals and some serve dependent, neglected or abused children on referrals from the Social Service Administration.

The National Council on Crime and Delinquency (NCCD) policy

statement is that, "The Nondangerous Offender Should Not be Imprisoned," and recommends that DJS should develop a sufficient number of group homes to treat all but 10-15% of adjudicated delinquents.

III. A Group Home Model

The National Council on Crime and Delinquency conducted a literature search on group homes and found that little was published. The most extensively researched has been the group home project of the California Youth Authority. The six types of homes were designed on the differential treatment concept and operated for three years. Research resulted in the conclusion that the "boarding" type home for higher maturity youths and the temporary care homes were most successful.

Toronto, Ontario group homes indicated that group homes may be beneficial if the placement is longer than six months and a positive outcome if the parents support the agency and parental attitudes toward the children is basically positive.

In search of a group home treatment model, NCCD listed ten most popular in current use: Medical, Behavior Modification, Education Training and/or Employment, Use of Community Resources, Group Methods, Guided Group Interaction, Therapeutic Community, Positive Peer Culture, Reality Therapy and Differential Treatment.

It is the apparent consensus among practitioners in the field that the model would be the one or ones that have a broad spectrum of treatment

alternatives. The treatment of choice as a basic approach would be the Therapeutic Community Approach. As noted in the NCCD report, "This approach attempts to integrate the group treatment strategy into the entire organizational structure of the home... The Home is viewed as a total community with all aspects of home life made a part of the therapy." As an integral part of the Therapeutic Community Approach would be the Positive Peer Culture Approach, Guided Group Interaction Approach, the Behavior Modification Approach, and if the group home services older youth, the Education, Training and/or Employment Approach would be an integral part of the basic Therapeutic Community Approach.

The Behavior Modification Approach is a well-known technique and needs no further discussion in this paper. The Positive Peer Culture Approach is based on the theory that peer groups can influence problem solving. At times, positive peer influences is part of The Guided Group Interaction Approach. Guided Group Interaction is structured around small group discussions whose members makes decisions about themselves, their peers and their families. This approach involves group dynamics and is useful in helping youth restructure his peer group around more socially acceptable norms and values. The Education, Training, and/or Employment Approach stresses the aims of providing its residents with work opportunities and the group home "emphasizes the normal social existence based on having a job and earning money." The resident pays room and board to the group home and contributes to the support of their families.

The four above mentioned approaches are compatible components for the basic Therapeutic Community Approach. The Therapeutic Community Approach is often referred to as the Bettelheim Treatment Model. This model has been internationally successful when used in residential treatment programs for emotionally disturbed children. The NCCD reported Silverlake, a residential treatment center for delinquents in Los Angeles, and Karma Academy in Montgomery County, Maryland, utilizes the therapeutic community as its basic approach.

IV. Coordinating Facility With Program

The group home is usually programmed to care for three major classifications of children: Children in Need of Supervision (CINS), Delinquent Children, and Dependent/Neglected Children. It is essential in early planning that the type of children to be served be established along with age and number of accommodations. By establishing a "track record" of months or years, it can be determined by a longitudinal study as to what type of child best benefits from the program.

The group home as a facility should facilitate the program's objective. The NCCD recommends that an organization seeking to open a group home should have a particular treatment planned before choosing the physical facility. Some things to be considered are: characteristics of the residents, program treatment approach, accessibility to community resources, and staffing patterns. The staffing pattern selected will affect the choice of physical facility. For example, the decision to employ live-in house-parents will necessitate more space than if shift workers are employed.

It is recommended that the family-type group home be established, and this choice dictates the interior and exterior design of the facility. To employ live-in house-parents will enhance the family type group home concept.

To insure that the home is operational before the program commenses, the planning for a group home should be an orderly process of decision making. Some physical decisions are required in planning living rooms, dining rooms, sleeping areas, bathrooms, indoor recreation areas, staff offices, staff living quarters, kitchen and laundry facilities.

V. Physical Care

When the group home assumes legal and moral responsibility for the physical and mental well being of youth placed within it, this means that the quantity and quality of care must be beyond what could be provided in his own home. There are minimum standards for basic care for supervision, food service, nutritional needs, medical care, dental care, clothing safety, etc., and they should be consulted.

The aforementioned standards are only a few that should be consulted, others are records and reports. It is recommended that each youth should have a pre-admission care plan before actual admission or within twenty-four hours after admission. It is further recommended that a systematic recording method should be used, such as Weed's Problem-Orientated System.

Administration of a group home in Maryland is by one of two basic types. One is by direct DJS operation and the second by purchase of care from public or private organizations. Governance by either type is specified in particular standards and needs to be consulted. However, some latitude and options are open to philosophy of policy, program development and direction, and the governing body.

Some other requirements that needs assessment but are beyond this initial paper are: Interagency planning, continuous program assessment and review, resources, constraints, parent involvement, university involvement, goals, objectives, long-term planning and program replications.

The social and economic, as well as educational implications for change in group homes for children requires a broad base of support. The need for parents, the community and the university involvement is self evident.

As a concluding recommendation, it is strongly recommended that to insure a smooth commencement of a group home, those persons who will be directly responsible for administering the program on a day-to-day basis be identified and involved in the very early stages of planning.

VI. Statement of Principles for the University Group Home Community

The principle objective of the University is to render service to humanity with full and total respect for human dignity. This implies that the responsibilities of the University community extends

not only to those who enter the university halls but also to the rest of society. These responsibilities require the interest and participation in activities which have the purpose of improving health, happiness and the general well being of the individual and the total community.

Both the group home staff and the university community must build trust and merit the confidence of the group home residents entrusted to their care, rendering each the full measure of devotion and service. A lesser standard may endanger the residents' effective experience and well being.

The group home staff and the university community should relentlessly strive to improve group home knowledge and management skills, and these attainments should be available to parents and colleagues.

The public is imbued with the vision of community-based group homes as an alternative to incarceration. Innumerable people are planning the establishment of several group homes for youth throughout the state of Maryland. To be effective, group homes are purposefully designed to care for a very small group of boys or girls. It is hoped that energy and enthusiasm continues that will result in the establishment of as many group homes as needed. Enthusiasm and energy will be needed for long-term effort to achieve the system of attitudes, practices and the gathering of the resources necessary for successful living.

The University-community based group home for youth has unlimited potential for an atmosphere for human growth from a theoretical base. It is important that the group home's theoretical base be converted into acts of human endeavors.

The University community must bring clarity to goals, objectives and technical procedures, and bring the organization required to achieve and support specific procedures.

The simplest way to begin is by bringing some clarity to the term juvenile delinquent. A juvenile delinquent is a child who breaks a law and is considered not to be a criminal due to the non-seriousness of the crime and/or due to his or her age being that of non-adult according to definitions of laws of different states.

Juvenile delinquency is a growing concern to law-enforcers and the general public due to the rapid increase in crimes committed by juveniles against themselves and others. The rate of increase in juvenile crimes is greater than the population.

The hypothesis for this rapid increase in juvenile crimes is that young people are confronted with a world in which standards are quickly changing. Youth no longer have guidance in the same way that youth had in the past. Social agencies and people interested in helping young people are either non-existent or under-staffed or humanistically detached.

The general causes of juvenile delinquency are rooted in the social conditions of our times where great value is placed on money.

Other factors in society have made youth feel insecure and unsure of what is good or bad conduct. The loss of standards and security causes a poor adjustment in society and erupts in inappropriate acts against a demanding society.

In the treatment or handling of juveniles, the courts have taken steps to provide needed care and protection for youth offenders rather than punishment as criminals. New methods of protection and correction have been developed in connection with social agencies. Parole and probation departments have made it possible to care for youth in need without taking them from their homes and the rest of society. When it becomes necessary to take youth from their homes and place them in temporary homes, they should be exposed to corrective methods that are non-punitive and tailor-made for them as individuals.

The community-based group home is only one of several types of efforts and is not an ultimate prevention type. Involved are efforts by the community and community groups aided by various public and private agencies to intervene between negative forces in the environment, youth and their families. Emphasis is placed upon the establishment of educational, occupational, recreational, social and other influences of positive change. Included in the community-based group home effort is the rendering of various forms of assistance, guidance and support to families.

The community-based group home should operate on a basic guidance principle. Guidance is the process of helping persons make the best

possible choice of available options pertaining to the health and welfare of their lives. With the proper guidance, the proper solution to problems can be found with the minimum of consequences. In order to make "good" decisions there must be immediate access to full and accurate knowledge about oneself and one's world. One must know the facts about oneself. One must know social and economic conditions and how they may affect one's decisions. The aims of guidance is to provide persons with this information so that they may make the best possible decisions about their present and future life.

In undertaking the responsibility to operate a group home it is worthwhile to consider some basic concepts and principles of human groups as prepared by Howard University School of Social Work: (1) A group is an interaction of a collection of (people), (2) All groups are alike and all are different, (3) All groups have a purpose but not necessarily conscious, which is expressed in the substances of the interaction, (4) All groups originate either as "psyche" or socio" groups, the first drawn together for purposes of personal satisfaction and the second because of an external educational interest or common task, (5) All groups experience conflict and exercise controls--the equilibrium or homeostasis of the group, (6) All groups have two kinds of structure: a) interpersonal relationships seen in process of acceptance, creates isolates, pairs, and triangles; and b) division of labor through which roles are assigned to "get

things done," (7) All groups use the decision making process based on elimination, subjugation, compromise, integration or a combination thereof, (8) All groups reflect the social status system of the community and create their own in the decision-making process, (9) All groups develop morale or esprit de corps which distinguishes each from all others, and (10) All groups tend to develop traditions.

The Howard University School of Social Work translated the above concepts into principles that: (1) Respects all human beings and their social organizations through respecting their rights to manage their own lives, (2) Accepts each individual and group as unique, and the right of each to be different from every other, (3) Feels with the individual and the group without necessarily feeling like them, (4) Adjusts his behavior to his understanding of the behavior of the group, (5) Accepts and handles negative and positive feelings for the benefit of the group, (6) Diagnoses where the group is and helps to move on from there, (7) Supplies the group, when needed, with factual material and helps the members recognize issues without indicating solutions, (8) Stimulates the group to consider implication of issues and new horizons, (9) Supports the group in making and carrying out decisions consonant with individual and social welfare, (10) Recognizes the structure of interpersonal relationships as an influential factor in group decisions, (11) Helps the group to divide responsibilities and involve as many as possible in planning and executing a

program. (12) Respects and uses the structure established by the group for division of labor, (13) Expects conflict and helps the group to use it constructively, (14) Accepts his role of authority when necessary without passing judgment, and (15) Understands the social status of the community and neighborhood and helps individuals to live with it or to help to change it, when change is necessary to safeguard the right of self-determination and the welfare of the community.

The aforementioned concepts and principles need to be the guiding light in developing and operating a group home for youth.

VII. University Community Based Group Home Philosophy

We believe that a university based group home should be a direct outgrowth of the aims of the immediate society and should reflect the greatest, most careful, and considered thinking of the university community, human services professionals, judiciary professionals, clinical professionals and paraprofessionals.

We believe that this philosophy should reflect the community's posture, and position in terms of functional educational needs, personal and social adjustment of youth. In addition, we recognize the importance of each youth's desire and need for successfull independent living. Therefore, our philosophy is based on:

A. The principle that all youth must be given every opportunity for successful living where they did not exist before.

B. Personal and social development is the major objective of the group home. Behavioral change depends on many factors and that youth must be free of stress and properly guided to develop to the fullest capacity. Their intellectual, physical, social, and emotional needs must be recognized and nurtured through the cooperative efforts of parents, schools, concerned individuals and community agents.

C. The general objective is the fulfilling of the needs of each youth placed in the group home so that he may achieve according to his ability. To live harmoniously with himself and others, and assume full responsibility for his life, and exercise his privilege of making worthy contributions to him-

self and his community. We undertake the task of helping place youth in the group home to acquire conceptual understanding and practice in basic personal skills necessary to function adequately in the open society.

D. Providing a continuing program of sampling and testing live styles in order that each youth may better understand himself and can be effectively guided towards optimum development.

E. Counseling in regard to programs and experiences best suited to individual needs beyond the scope of the group home and our immediate community.

The challenge is to discover effective techniques for helping youth acquire successful life experiences while they are in the group home by providing activities that insure success, without punishment for failure or fear of failure.

VIII. University Community Based Group Home Policy Statement

Morgan State University was established as a teaching facility and has always been a continuous contributor in affairs of public interest. Over the years Morgan State University has been influential in shaping young minds for successful and independent living. Historically, Morgan State University strives to teach its students attitudes and behaviors that are congruent with their local environment, strives to teach students to appreciate their life styles as well as those that differ from theirs, and has helped to develop an awareness of self; as a worthy member of family, community, nation and finally as a member of the world.

In the opening years of its second century existence, Morgan State University as a facility dedicated to service to the citizens of Maryland, is "taking a giant step for mankind" by planning a group home for youth. The group home is to be established through the joint efforts of the university and the Maryland Department of Juvenile Services. The group home will be a public non-profit facility established to provide care, housing, education and training for youth under the jurisdiction and protection of the courts and Juvenile Services. The group home will not discriminate with regards to political or religious affiliation nor the lack thereof, nor race, origin, creed, color or financial status.

IX. Towards A Process In A Multidisciplinary and Interdisciplinary Community

Although the group home concept specifies total comprehensive care including emergency care and consultation, the procedural ingredients of group homes are not new and what recommendations and standards do not specify are the attitudes to be assumed by the director and personnel of the service. Organization presents a formidable issue for new programs. To succeed, these need to evolve a kind of group home for which we have few models or plans.

For a successful group home to become a reality in a University community our multidisciplined University community cannot maintain detachment from the larger community. Each discipline or agency should not continue to define boundaries of competencies, interests and efforts by developing procedures and techniques that prohibit

interdisciplinary cooperation by co-signing difficult problem areas to another discipline or agency in defense of professional territory.

The idea that several persons motivated to work for a common goal is basic to the concept of the Team Approach. To use the Interdisciplinary Approach and the Therapeutic Community Approach is a unique way to provide for a variety of social and learning experiences which contribute to interpersonal processes and personal growth.

The "therapeutic community" concept is based on the idea that conflict arises due to inadequate interpersonal coping strategies and that conflict resolution is effective when helping persons' skills can be applied in a programmatic setting. In general, the therapeutic milieu should be structured to satisfy emotional needs, reduce conflict, and strengthen individual functioning. A very important ingredient of the therapeutic community is frequent meetings of all persons connected with the program. The purpose is to discuss and resolve conflicts in human relations and issues which arise from living in a community.

X. Towards Developing Goals for a University--Community Based Group Home

Every effort to maintain youth in their homes should continue to prevail. However, when and if a youth needs to be removed from his home, then it is the responsibility of that agency that decides to do so, to find or provide at least a good home as the one the youth left behind. Obviously, even broader definition of goals would be possible by manipulation of those factors that make a family. An

alternative substitute for incarceration of youth might be:

Reconstructive home life in a caring environment for every individual living in the group home.

Short term supportive counseling for each individual in need as well as supportive counseling for his family in need.

Support for each personal crisis that reaches a defined degree of distress or discomfort.

Develop a series of procedures designed to reduce the isolation and the alienation of individuals living in the group home.

Restoration of adjustment for the individual who decompensates from his basic adaptive behavior patterns.

Cement bonds between every individual and his family.

The group home milieu provides an excellent opportunity for social learning to occur by developing and structuring the learning environment. The task of the group home staff is to use all their various skills to promote maximum social growth through social learning experiences. The basic foundation for social learning experiences relies on the quality of the network of communication and shared responsibilities. Good communication is important in preventing or reducing staff conflicts which can be detrimental to the residents' growth. Good communication reduces ambiguity which can impair interpersonal functioning and can produce anxiety. Good communication allows for correction of distortions which occur in interpersonal relationships. Good communication can be a useful

model for residents who often have an impaired ability in communication. Finally, good communication is essential to circulating information for shared decision making. In the group home the sharing of responsibilities with the resident in the therapeutic community decision-making process is the belief that involvement in the process combats passivity and the feeling of helplessness, and that the process prepares the resident for decision-making responsibilities in his life away from the group home.

With good communication and shared responsibilities in place, the group home staff can help with social learning in the following areas: (1) helping the resident to develop an awareness of his feelings, thoughts, impulses and behavior, (2) providing feedback by which he can recognize his behavior and the effects on others, (3) helping him to understand some of his motivations and the motivations of others, (4) helping him to try out old or newly acquired skills in a relative safe and caring environment, (5) helping him to achieve a realistic appraisal of his social and interpersonal environments, (6) helping him to identify potentially harmful and helpful aspects of his behavior, (7) helping him to increase his self-esteem and (8) helping him to learn from group living about acceptable norms and how to belong.

XI. University-Community Based Group Home Goals

(To be further developed)

To reconstruct home life in a caring environment for every group home resident

To provide supportive counseling for each resident and his family

To cement family bonds between each resident and his family where appropriate

To afford each resident the opportunity to acquire skills for independent living

XII. Intake and Dismissal

A. Admission Criteria (to be developed)

B. Intake Procedures (to be further developed)

The Governing Body shall adopt a written statement of procedures as part of its charter, by-laws, or policy.

The agency shall submit appropriate information to the group home including developmental history, medical, psychological, education, appropriate court data, and other data when deemed necessary.

The administrators, the clinical team, and the home staff shall plan jointly with the placement agency on the areas of responsibility for treatment.

The group home shall accept only on the basis of determination that the program can provide meaningful services (the exception is an emergency placement).

Except in an emergency admission, the facility shall complete an evaluation on each youth prior to admission. The evaluation shall: (1) Identify needs; (2) Determine objectives; (3) Develop a management plan for implementation and a timeframe to meet stated objectives.

The facility shall share the findings of the evaluation with the referring agency in writing, within _____ days.

C. Dismissal Criteria (to be developed)

D. Dismissal Summary

To be used as a guide:

date of dismissal

date summary written

name

age

marital status

referral source

date of intake

number of interviews

frequency of interviews

treatment summary

ancillary services

reason for dismissal

disposition (follow-up, transfer to another service, etc.)

signature _____

supervisor's signature _____

date _____

E. Follow-up Procedures (to be developed)

XIII. The University-Community Based Group Home Program

Under various provisions of Article 52A Annotated Code of Maryland granted DJS the responsibility fo[illegible]linquent and pre-delinquent youth, and authorized it to [illegible]encies for providing services to these youths within the community that will provide the most effective individualized program milieu of incarceration and institutionalization.

The identified population of youth who need not be incarcerated and institutionalized and who cannot live at home may include delinquent youth who have been at state institution, youth who cannot adjust in their own home and youth with a history of drug abuse.

The University-Community Based Group Home should provide, "a bridge to adulthood for youth by serving as a transitional living experience between conflict at home and fully independent living." The group home's prime criterion should not be how well the resident adjusts to group life by acceptance of house rules and group home conditions, but how well he generates skills taught at the group home to other areas of life and living.

A. The Group Home Program Plan

Population:

1. Ages:_____.
2. Types of behavior or problems for which youth can be accepted: _____

_____.

3. The number of youth the program will serve at any one time:

_____

4. From which agencies will referrals be accepted: DJS and Social Services.

B. Group Home Components (statement)

The aim of the group home should not be for long term dependency nor for long-term casework. Rather, every phase of the group home program should contribute to the youth's full independent living outside the group home. This means that a trained social worker should be part of the group home team and should help the staff utilize the best known methods of working with youth, help the individual youth come to grips and cope with his problems as revealed by the youth himself and group home living. The case worker should work closely with the appropriate professional in the group home and be able to interpret these problems for the probation officer, the court, and juvenile service workers.

The attitudes of most youth in group homes have already been inflamed by poor relations with parents, teachers, police and other authority figures. A reinterpretation authority is needed and can only be communicated by non-rejecting and non-punitive staff relationships.

The basic dynamics in the group home should give respect for the individual even though the inappropriate behavior may be rejected. Many youth may come to the home expecting punitive attitudes from the group home staff, and may constantly test the authority that the staff represents. Such positive statements

should be among the staff's repertoire: "We like you even though we may not like what you do and will not permit you to do it." This attitude towards youth should be so readily available that he feels at ease with the staff at all times.

C. Individual Clinical Services

The individual specialized services includes services offered by physicians, psychiatrists, psychologists and other specialists, licensed and qualified in their respective professional fields. Their services should be in the province of the youth's case-worker and should be closely coordinated with Juvenile Services, whose responsibility it is for securing diagnostic data and for presenting to the courts a report of the youths' difficulties, potentialities, needs, and progress. The group home will aid in this task, but can not be a substitute for these services.

Many youth in group homes are troubled youth, often coming from troubled environments and require the attention of a clinical team. The function of the clinical team will be: (1) to provide the courts, the probation department, and other agencies with information about the youth's personality, and psychological needs, (2) to identify those areas of youth's personal needs and arrange for services of remedy, and (3) to see that the group home's staff and other professional services are contributing to the solution of the resident's problems.

The total group home staff will be a part of the clinical services team and present at all conferences relating to individual and group living. Diagnostic and clinical services are not enough to insure adequate care for group home residents. The group home needs, also, clinical consultation and emergency services.

D. The Pre-Admission Visit

The prospect of a youth being removed from his home presents a crisis for the entire family. It represents a change in the equalibrium within the present population of group home residents and staff of the group home. Whenever possible the entire family should be involved in a pre-admission visit and consultation at the group home. The consultation visit should be informative as to the group home program, care, and services that will be available to the resident and his family. All resident staff from all shifts, support and adjunct staff, should be present at the consultation visit or available at some time prior to the residents physical admission to the group home. This phase of the consultation visit is to respond to the needs of the family, needs of the resident and programmatic needs. It is an endeavor to minimize and reduce anxiety, clarity,distortions, and clarify roles.

Technically, the pre-admission phase begins at the time of referral based upon objective criteria such as vacancy, appropriateness of program placement, and many other requirements. The pre-admission phase ends when an individualized program is

developed for the youth, and he is physically registered in the group home. The youth's individualized program may be personalized before physical admission, or at anytime during the pre-admission phase.

All group homes should have clear admission procedures that are known to all referring agencies as well as the resident staff within the group home. One person on the group home staff should have the responsibility for admissions. This person should have the responsibility for fathering information about potential residents and integrating the various component stages of the pre-admission phase.

The group home staff's relationship to the parents of the resident should be under the direct control of the group home director, or the group home supervisor, and the resident's Juvenile Services worker. With the full cooperation of Juvenile services parents can be helped to gain a better understanding of their child and the needed provisions for making easier transitions during the residents' admission, and release phases.

E. Pre-admission Program Planning

Ideally, the pre-admission phase should have as a first concern whether the program can or cannot meet the needs of the youth being admitted. This would result in numerous assessments about the needs of the youth, the capabilities of his family and the group home. The group home placement should be one of appropriateness

rather than the convenience of the referring agency.

It is required that the group home staff have a working knowledge of the group home's strengths, capacities, and vulnerabilities. A program staff that ignores these strengths and weaknesses of the program and accepts youth without regard to program assessment becomes a custodial facility, practices warehousing, and goes through the motions of providing nurture for residents.

To understand the needs of the resident, statistical and social records are necessary for proper operation of the home. There should be a Data Profile which includes basic identification information, agency authorization information, test and assessment information, interviews, conferences and medical history. Once the Date Profile has been gathered, a program planning conference should be held to answer any questions and to decide on the best possible resident program for the youth. The decisions should then be presented to youth and his family for approval. Participating in this conference should be as many resident staff as possible, the referring professional, and any other person who could provide pertinent information or assistance in designing the best possible individualized program for the group home resident.

XIV. Group Living Activities

There should be planned daily activities in the group home such as daily routines, laundry, personal care, recreation, etc. The

relationship between group home staff and youth should be transacted in a way that conform to principles of good youth care and contributes to personal and the group home's goals. The objectives of value for the group home resident and for its diagnostic objectives. Each program activity should be periodically evaluated and re-evaluated according to stated objectives. Typical values would include: a channeling of physical energy; offering achievement satisfaction; developing self respect and self confidence through socially acceptable pursuits; providing constructive expression of hostility and aggression; encouraging self assertiveness and self reliance; providing opportunities for acquisition and development of new skills and interests to promote the resident's adjustment upon leaving the group home; observing behavior in different situations for purpose of supporting the residents strengths or personal assets; obtaining data to assist Juvenile services, the court and the family to understand the youth. Group home living includes the day-to-day care of youth living in the group home plus the participation in group home activities. The group home staff is responsible for planning directing and/or supervising daily routines of eating, sleeping, personal hygiene, recreation, maintaining and protecting the physical premises, protection of group home residents from physical and psychological hazards, interpreting, guiding and controlling day-to-day behavior of individual youth and the group. Some of the basic group home staff requirements are: to supervise and participate in daily living by modeling

behavior, and participating in meals and meal activities, participating in social and recreational activities, participating in maintenance activities, participating in learning activities. To develop and promote individual responsibility by: performing and teaching self-maintenance skills for personal care and group home maintenance; involving youth in group home decision-making; involving youth in decision-making concerning his case; assigning individual group living responsibilities; encouraging individuals to develop individual preferences; performing and teaching living skills, i.e., purchasing, cooking, sewing, etc. To provide a safe and secure environment which promotes the social skills; helping youth to resolve interpersonal conflicts; encouraging risk taking with personal interaction without fear of retaliation; encouraging risk taking with personal interaction without fear of rejection; helping youth control behavior that is harmful to self and others; recognizing and maintaining an awareness of the emotional, physical and social needs.

A. Meals

Meals will be carefully planned by a trained and qualified member of the American Dietetic Association. For a small group home, meals could be arranged through another agency such as the Red Cross or contracted to a catering firm. For the University-Community Based Group Home the residents could receive their meals from the university Refectory.

The schedule time of meals will be specified. Meal-time will be at an hour when it is more convenient for the residents rather than for the convenience of the house staff. Provisions

will be made for those individual residents who cannot eat with his group due to employment, unavoidable lateness, etc. Food will never be withheld from a resident as a means of punishment. There will be a published and posted meal schedule and menu.

The meals will be served family style, and in abundance without waste. The group home staff will eat the same food at the resident's table, and should not be charged for their meals while on active duty. Snacks will be served before bedtime so that no youth goes to bed hungry.

B. Sleeping Routine

Adolescents will not be expected to sleep more than is average for their age. Flexible sleeping hours will be arranged for those youth who require less sleep. There is a need for planning well balanced indoor and outdoor activities that require vigorous use of mental and physical capacities so that at bedtime youth are generally ready for sleep.

A realistic bedtime hour will be set, with more flexibility for those residents who remain in the group home on weekends and holidays.

Clean sheets and pillowcases will be issued to each resident at least once a week. Clean towels will be issued at least twice weekly for those residents who need them.

C. Personal Routines

Cleanliness will be encouraged as part of the program to

develop self-respect, and self-worth. Youth who need to learn the proper routines shall be patiently taught by the group home staff. The youth may be taught how to launder, restore and care for his clothing. It is essential that the group home has an automatic washing machine and dryer for group home residents' use only.

Good grooming and personal hygiene may also need to be encouraged and taught by the group home staff. When implementing vigorous program activities, extra showers may be necessary beyond the one daily requirement.

D. Education and Employment

All youth will be enrolled in a school or a work program depending on individual needs. Whenever possible, the youth should be enrolled in the regular school. If a regular school is contraindicated, provisions should be made for enrollment in a special or alternative school program, or a vocational training program. The group home will not attempt to establish a formal school, but should provide for special tutoring, if needed. If school is contraindicated, the youth should be enrolled in a special employment program or helped to find employment.

For the University-Community Based Group Home, tutors will be utilized from the university student body and the faculty. Those residents who desire to go beyond public school instruction should be able to enroll in university

classes and pursue university degrees. All educational services on the university campus will be made available for appropriate individual residents.

In addition to having access to all university educational services, the group home will have a well stocked library of specially selected books, magazines, newspapers, and audio-recordings. The selections will be multi-level, for enjoyment as well as helpful in guiding the youth to appropriate future goals.

The in-house daily living work program will be an expected routine of responsibilities for each resident. The residents are not expected to replace general maintenance staff. However, residents are obligated to change their own linen, make their own beds, clean their own rooms, and keep their family-type living unit in order.

E. Recreation and Leisure Time

The recreation and leisure time activities will be so prescribed as to provide opportunities for specific diagnostic and prescriptive goals for individual youth and for the total group of residents. These activities will afford many opportunities for achievement and successful social status. The recreation and leisure program will offer a well balance of participant and observer acitivities. Both planned, informal, spontaneous, and self-activated activities should be encouraged.

The recreational and leisure time activities will offer physical and mental stimulation. Individual and group development of interests will be encouraged. The program of activities will offer immediate gratification as well as help in developing long-range leisure time pursuits. The activities will reflect individual differences, interests, abilities, and should focus on pleasure, self-development, and the spirit of cooperation.

Vigorous games and sports, indoors and out, will be an integral part of the group home's daily program. Low level organization games, emphasized by limited team effort should be encouraged, but not to the exclusion of game sports such as baseball, volleyball, etc. Those activities such as boxing, tumbling, and trampoline routines should be supervised by skilled recreation leaders. In a University-Community Based Group Home those activities that require skilled recreation leaders could be sponsored by the university's physical education students and faculty.

The group home will have a separate area available for television viewing, table games, arts and crafts, and occasional parties. For the outdoors recreation a separate area will also be provided for horseshoe games, badminton, and for lounging. Some care will be taken that the group home does not attempt to duplicate and substitute activities that could be done on the rest of the university campus and in the community; such as using gymnasiums, tennis courts, and theaters. The group home

residents will have access to all recreational, cultural, religious, and appropriate social activities that the university has to offer.

F. Community Volunteers

The group home volunteers will be representatives from the university, organizations from the community such as parents, teachers, and concerned citizens. The use of volunteers cannot be a substitute for essential operating staff, but a highly selective group of volunteers working closely with the group home staff can greatly enrich group home living. They will serve at regular and agreed times. Volunteers should be well oriented so as to become valuable interpreters of the group home work to the public.

The specific goals of the volunteer group will be based on their own actual and potential resources, the group home program and needs of the group home residents. In the establishment of volunteer objectives, the volunteers need to consult with the appropriate group home personnel. The volunteer group's overall objectives may be tutoring, social activities, skills training etc. Defining the objectives and identifying the goals will help in the organization of the program, assist with recruitment, and improve program effectiveness.

In initiating a group home volunteer program there needs to be an organizational meeting and should include representatives from the group home staff, the group home administration, parents, representatives from business and community organizations who are particularly interested in seeing a volunteer program established.

Based on already identified needs and defined objectives, the group then will identify available resources for implementation of the program.

The resources will be in two major categories: (1) material and financial resources, and (2) human resources and potential volunteers. Potential volunteers can be recruited from student, parent, community, civic, social and fraternal organizations, business and industry personnel, senior citizens and other interested individuals. All interested individuals will be surveyed as to their interest and in what capacity they would be used in the volunteer program.

The Volunteer Coordinator does not necessarily need to be a paid person, as the job can be effectively and efficiently handled by a truly dedicated volunteer. Securing the Volunteer Coordinator is the responsibility of the Steering Committee, with recommendations from the group home administration.

An effective volunteer program needs to note the following contributions:

1. Improvement of group home living, by giving the group home staff more time for individual and professional assistance and time for more effective planning.
2. Development in residents a more positive attitude toward group living and community living.
3. Provision of enrichment beyond that which the group home can provide from community resources.

4. Promotion of a greater group home-community involvement, which will result in a greater citizen understanding of the problems facing the group home.
5. Enlistment of support of all citizens in a total effort to improve group home living.

If a good basic foundation is established, the volunteer program will succeed. The more structured or systematized the program, the more secure the group home staff and the volunteers will feel. It is better to build slowly and firmly, and succeed, than to move hastily and fail.

XV. Medical and Health Services

The group home will be sanitary, with adequate precautions against accidental injuries. All group home staff persons should be free of communicable diseases and will be required to take and pass annual physical examinations certifying that they are free of communicable diseases. The group home residents will also have annual certification examinations in addition to intake examinations. In the event that a group home resident's family cannot provide needed medical care by means of family medical resources, some alternate plan may be possible.

All group home residents will have access to emergency medical care. For the University-Community Based Group Home, the residents will have access to services at the campus infirmary. The possibility for emergency services will be explored. Such exploration

could be at general hospitals such as Union Memorial, John Hopkins Sinai, and Provident.

It is with the understanding that none of the aforementioned medical facilities may be on the approved list of the Department of Juvenile Services and the Department of Social Services, and needs to be kept an open concern in the design and implementation stages of the proposed group home.

In addition to emergency medical care, the group home will have an emergency nurse, physician, and a psychiatrist or a certified psychologist who can respond to twenty-four hour service for the group home residents. This emergency medical staff should also be part of the group home therapeutic milieu team and participate in all resident conferences.

In addition to emergency medical care and annual physical examinations, the group home residents will need to have dental check-ups and dental maintenance. It may be more efficient to utilize those medical facilities that offer full medical services to avoid fragmentation of services offered to the group home residents.

XVI. Visitation

The group home youth has the right to receive visits from his parents, guardians, relatives, teachers, religious leader, and appropriate friends. Visitation should not have to be earned and the residents will be guaranteed that they will not have their conversations overheard by others.

The group home will provide an individualized visiting program for each youth, and this falls within the realm of supervised activities. Visiting policies will be put in writing. The following points to be considered are: who may visit the resident; visiting time and length of visit; what items parents or guardians may bring to the resident; when denial of visiting privileges are revoked (usually this is done by the courts).

Furlough homes, with family or surrogate family, are warranted and is necessary to successful maintenance "family ties", and a full return to his family and community life. For those youth where furloughs with immediate family, relatives, or surrogate family is contraindicated, a volunteer family should be provided.

Furloughs should be viewed as a necessary component as a means of helping youth resolve his problems, test readiness for full return to his community, maintain family ties, and the development of family anticipation of the youth's return upon release from the group home.

XVII. Group Home Rules and Sanctions

Group home living should be as closely related to family life as possible, where there are a minimum of negative consequences. Group home rules should be clear, reasonable, consistent and flexible. The consequences for rule violation should be clearly defined and applied in terms of the individual youth and the group's well-being or safety. The rule violation consequences will not involve deprivation of food or water, isolation in locked areas, denial of

visitation with family, imposing physical exercises, demeaning tasks, ridicule, physical force, threats of physical punishment or verbal abuse. Any group home staff person who uses the above negative consequences will be immediately dismissed from the group home.

If a youth is to be removed from the group, he will be seen as soon as possible by his social worker. The person removing the youth from the group assumes the responsibility for life-space intervention in incidents requiring immediate attention. The shift supervisor will also be available, and accessible for counseling. Removal from the group will be used with extreme caution, and never with the implication of punishment, and always with opportunities for youth to rejoin his peers. The only situations in which removal from the group will take place are: possible physical danger to self or other's;the problem behavior is due to the atmosphere of the group; the youth's inappropriate behavior is a controlling mechanism to the group; limit testing after clear-cut demonstration of the limits by the supervising person.

Staff persons supervising youth will possess skills for anticipating individual and group problems and applying methods of redirection and brief interviews. Under no circumstances will youth be permitted to sit in judgment of each other or have group authority responsibilities transferred to them by group home staff.

XVIII. Treatment Program

Psychotherapy may need to be a part of the treatment program depending on the category of youth accepted at the group home and

depending on individual youth's needs. The psychotherapist will be available on a regular basis to conduct group and individual sessions. The day-to-day contacts of youth with peers and group home staff will be the basic framework of the therapeutic community, therefore, it is as equally important that the psychotherapist become an integral part of the total group home team and will be the key person in in-service training and continuous staff development.

XIX. Staff Development

The group home director or chief administrator will be responsible for vigorous in-service training and continuing staff development programs. In some instances, the authority and responsibility for in-service and staff development may be delegated to the clinical specialist (psychotherapist) or the group home supervisor. In-service training will be in areas of: (1) practical daily routines, (2) skills development in intervention and emergencies, and (3) specific activities.

Practical daily routines may include:

scheduling

observation techniques

record-keeping

Skills development in intervention and emergencies may include:

writing reports

handling incidents

theory and practice in handling group problems

creative use of self

emergency procedures

Specific activities may include:

leisure time (recreation, art and crafts)

tutoring activities

independent living activities

Provisions will be made to enable group home staff members to participate in institutes, seminars, and workshops away from the group home. Special individual study and field experience provisions will be made when and where appropriate.

XX. Professional Services

Social Service Work

The social service worker is to be responsible for casework and may provide group therapy and individual therapy with selected youth. If the social service worker conducts group and individual therapy sessions,it may be desirable that a psychiatrist or a licensed clinical psychologist be his supervisor.

The casework will include family conferences, conducting interviews, intake screening of referrals, intake and termination planning with probation officers, correspondence with placement agencies, maintaining records, coordinating home visits, interpreting group home staff observations to the probation department and the juvenile court.

Educational Services

Remedial Tutors

Vocational Rehabilitation

Vocational Services

Manpower Development Services

Vocational Rehabilitation Services

Department of Human Resources Development

XXI. Group Home Records

For a well-articulated treatment program the group home will have a systematic record-keeping system that reflects the results of the program and progress of the residents.

No matter how short the stay of the residents at the group home, a casefile will be maintained for each youth. The casefile will contain all documents that is relevant to the youth's case, history, and treatment. The casefile profile sheet will contain the following information: name, date and place of birth, sex and race, admission date, referral source, court referral offense, parent's or guardian's name and address, pertinent medical information and name of person to be contacted in an emergency. When the youth is released from the group home,the casefile will reflect the date of release, reason for release and placement.

In each youth's casefile will be a copy of the juvenile court's commitment order, copies of diagnostic reports, health records, school records, employment records, and other documents of referral and disposition.

A care plan will be developed for each youth and will be in the casefile. The care plan will be periodically reviewed and revised when necessary.

XXII. Case Conference Report

Resident's Name_____ Date_____

Presenting Problem:

Situation:

Interview Information:

Other Information:

Dynamic Formulation (subjective):

Diagnostic Impressions (formal):

Disposition (plan):

Reporter's Signature_____

Date_____

XXIII. Monthly Progress Report

Resident's Name_____ Date_____

To be used as a guide:

Progress in school

Progress on the job

Progress in the group home

Home furlough

Peer relationships

Response to activities

Relationship with adults

Response to change

Response to management efforts

Review of management plan

Short range changes

Long range changes

Reporter's Signature _____

Date _____

XXIV. Group Home Staff Meeting Report

(to be used as a guide)

Purpose:

Time: Date:

Present at Meeting:

Needs

House:

Resident(s)

Other

Recommendations:

Summary:

Comments:

XXV. Staffing Pattern

Administrative Staff

1 Chief Administrator or Director - (full time)

1 Associate Administrator or Associate Director - (full time)

1 Clinical Director--psychiatric or clinical psychologist -(half time)

1 Group Home Supervisor - (full time)

1 Secretary - (full time)

Clinical Services

1 Psychiatrist - (quarter time)

1 Clinical Social Worker - (full time)

1 Psychologist - (half time)

1 Social Service Worker - (half time)

Medical Services (off campus)

1 Physician - (by appointment and/or on call)

1 Dentist - (by appointment and/or on call)

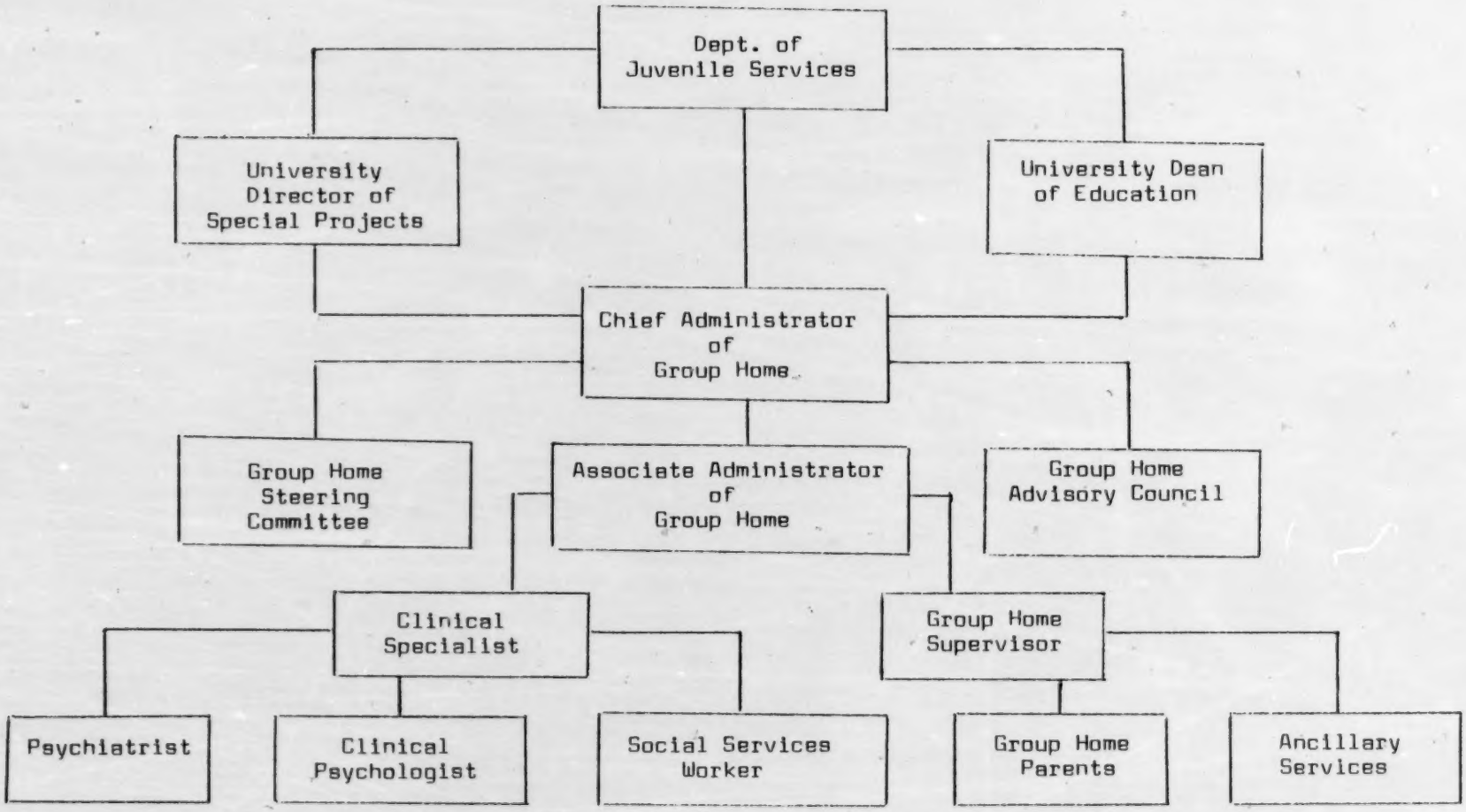
1 Eye, Ear, Throat and Nose Specialist - (by appointment and/or on call)

House Staff

2 Group Home Parents (female) - (full time)

2 Group Home Parents (male) - (full time)

XXVI. Organizational Chart



XXVII. Staff Positions Form

Position Title:

Qualifications:

Duties and Responsibilities:

Responsible to:

XXVIII. Staff Procedures (to be further developed)

Home telephones for personal uses are limited to _____minutes.

Home telephones may not be used for personal long distance calls.

All other long distance calls require written approval of the chief administrator.

All home staff members on duty must notify the office when away from the home for more than_____ minutes.

All home staff members on duty, if away from home over _____ minutes, must notify the office and enlist other appropriate staff to substitute in their absence.

XXIX. Program Governance (to be further developed)

The Governing Body shall be called the Steering Committee. The Steering Committee shall be comprised of professionals of the appropriate agencies and shall adopt the documents submitted by the group home administrator, with consultation from varied professional and community resources.

The documents that the administrator shall submit to the Steering Committee for program adaption are: a written program description, specifying program philosophy, assessment techniques, treatment philosophy, designation of resources, and the designation of additional available resources.

The Advisory Council shall be comprised of parents, guardians and interested citizens. When appropriate, the Advisory Council may make recommendations to the Steering Committee for their consideration, with the understanding that the Steering Committee is the sole governing body.

XXX. Program Management (to be further developed)

The program will demonstrate progress in meeting minimal acceptable performance in accordance with the Department of Juvenile Services, federal, state, and local recommendations in the area of intake, treatment, socialization, recreation and education.

XXXI. Evaluation and Program Review

In order to evaluate the effectiveness of group home one must read its goals; there must be on-going efficiency monitoring such as: identification of factors contributing to progress, strengths and weaknesses of those factors, management assessments, and descriptions of outcomes.

Program evaluation will be based upon criteria of minimum standards as set forth by the Department of Juvenile Services. The group home will maintain such standards and make available, required statistics of the home's fiscal and programmatic operation to the Department of Juvenile Services and appropriate agencies.

To facilitate program review, the group home's goals and objectives will be defined in measurable terms. Program review will be the responsibility of the Department of Juvenile Services and other funding agencies. The program review will include the following criteria: cost effectiveness, performance of program goals and measurement of the program's value to be determined recidivism data.

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Site Visits

Boyle Homes (private)
Los Angeles, California

McCobb Homes (private)
Los Angeles, California

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